07/20/2011 08:50 Division STATEMBI VD PLAN NAME OF CAREST (X4) (D PREFIX TAG (D 001) facility was cited the following tags: D901, D916, D923, D1001, D1002, D1023, D1024, D1027, D1028, D1032, D1035, D1039, D1045, and D1601. The facility submitted their plan of

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THEALTH CARE FACILITY 30 Th Day PAGE 84/13

n of Health Care Fa	cilities		Previs	ca for	8/13/1	PRINTE!	D: 07/20/2011 1 APPROVED
NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER(SUPPLI IDENTIFICATION NO TNPL53766	ERICUA IMBER:	(X2) MULTII A. BUILDING B. WING	LE CONSTRUCTION C1 - STATE BL			ETED R
ROVIDER OR SUPPLIER STREET ONE AT RIVERGATE 94 TO MADE		94 TWIN MADISON	DRESS, CITY, S HILLS DRIVE N, TN 37115	TATE, ZIP CODE		<u>  07/-</u>	14/2011
(EACH DEFICIENC) REGULATORY OR L	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL TION)	PREFIX TAG	CROSS-Referen	PLAN OF CORRECTIVE ACTION SHO SCEO TO THE APPI DEFICIENCY)	un o ee	(X5) COMPLETE DATE
1200-08-25 Initial	,		(D 001)		w wetter)		
This Rule is not me An annual survey wa	t as evidenced by:	1/44 Tha		The follow constitute at Riverga	s Carestone		

correction with a completion date of 7/11/11. A follow up survey was conducted on 7/14/11 to the Tennessee verify that the corrections were completed, During the survey the facility was recited the following tags: D901, D916, D923, D1001, D1002, D1028, D1032, D1035, and D1039, (D 901) 1200-08-25-.09 (1) Building Standards (D 901) The facility does not

(1) An ACLF shall construct, arrange, and maintain the condition of the physical plant and the overall ACLF living facility environment in such a manner that the safety and well-being of residents are assured.

This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical plant and overall environment.

The findings include:

Observations made during a tour of the facility on 7/14/11 revealed the following:

1. At 10:00 AM, a section of soffit was missing and the area around it was deteriorated at the eave over hanging the kitchen area at the rear of the facility, Division of Health Care Facilities

facility) response to the Statement of Licensing Violations (the "Statements of Violations") issued by 93-13-1 Department of Health, Division of Health Care Facilities, on May 10and18, 2011, and its Plan of Correction.

admit to the truth or accuracy of the statements or allegations contained in the Statement of Violations and nothing contained in either the Statement of Violations or the Plan of Correction should be construed as an admission by the Facility as to the validity or accuracy of the allegations set

forth in the Statement

of Violations.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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HEALTH CARE FACILITY

PAGE 05/13 PRINTED: 07/20/2011

Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES OF PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 - STATE BUILDING B, WING TNPL63766 NAME OF PROVIDER OR SUPPLIER 07/14/2011 STREET ADDRESS, CITY, STATE, ZIP CODE CARESTONE AT RIVERGATE 94 TWIN HILLS DRIVE MADISON, TN 37115 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) ID PREFIX TAG TAG (D 901) Continued From page 1 (D 901) 2. At 10:05 AM, there was a hose laying in a puddle of water, attached to the building without a vacuum breaker or other such device to prevent Preparation, back siphoning of dirty water into the potable submission, and water system. implementation of this plan of correction are 3. At 10:08 AM, there was a section of 18-13-11 done solely to meet downspout missing from the North East corner of the mandates of the the building. Tennessee Department 4. At 10:12 AM, it was observed that the exterior of Health Licensing trim of the facility is deteriorated and in need of paint and caulk to prevent further deterioration of Laws. The Facility reserves the right to the wood surfaces. move to strike to 6. At 10:15 AM, the door leading to an interior exclude this document corridor at the West side of the courtyard was as evidence in any civil badly rotted at the bottom. or criminal action, . 7. At 10:20 AM, the South East exit corridor door was bent and open to the outside. However, the Facility remains committed to 8. At 10:25 AM, the carpet was pulling up the delivery of quality causing a trip hazard in room 229 at the door health care services in entry. compliance with all 9. At 10:28 AM, the carpet was pulling up regulations and submit causing a trip bazard in room 244 at the door this Plan of Correction entry. as required by law. 10. At 10:30 AM, there was an unprotected trap in an accessible public restroom near room 255. These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/14/11. C/O #27725 Division of Health Care Facilities STATE FORM

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HEALTH CARE FACILITY

PAGE 06/13

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Division of Health Care Facilities RTATEMENT OF DEFICIENCIES O PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (P2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING 01 - STATE BUILDING B. WING TNPL53766 NAME OF PROVIDER OR SUPPLIER 07/14/2011 STREET ADDRESS, CITY, STATE, ZIP CODE CARESTONE AT RIVERGATE 94 TWIN HILLS DRIVE MADISON, TN 37116 Summary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LSC (Dentifying Information) (X4) ID PREF(X PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X6) COMPLETE CATE PREFIX TAG (D 916) 1200-08-25-.09 (16) Building Standards {D 916} 1200-08-25-.09 (1) : (15)The licensed contractor shall ensure through **Building Standards** the submission of plans and specifications that in each ACLF: 1. Maintenance (a) A negative air pressure shall be maintained in Director the soiled utility area, tollet room, janitor's closet, and/or dishwashing and other such soiled spaces, and a designee will positive air pressure shall be maintained in all hire contractor clean areas including, but not ilmited to, clean to fix soffit at linen rooms and clean utility rooms; the overhang (b) A minimum of eighty (80) square feet of outside of the bedroom space must be provided each resident. kitchen. No bedroom shall have more than two (2) beds. 2. MD and/or Privacy screens or curtains must be provided and used when requested by the resident; designee shall install a (c) Living room and dining areas capable of backflow accommodating all residents shall be provided. with a minimum of fifteen (15) square feet per preventer on resident per dining area; and the faucet outside of the (d) Each toilet, levelory, bath or shower shall kitchen to serve no more than six (6) persons. Grab bers and non-slip surfaces shall be installed at tubs prevent dirty Water from and showers. contaminating the potable water system. This Rule is not met as evidenced by: Based on observations, it was determined the MD and/or facility failed to ensure proper air pressures. designee shall fix the The finding include: downspout at the NE corner Observations of the facility on 7/14/11 at 10:40 AM, the soiled and clean laundry facilities were of the within the same compartment and not separated building, MD by a wall or door and could not maintain the and/or Division of Health Care Facilities STATE FORM

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PAGE 07/13

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NO PLA	ent of deficiencies n of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU TNPL53766	ericua MBER:	A. BUILDING B. WING	A THE PERSON NAMED IN COLUMN 1	i	SURVE LETEO R M4/20
WANTE OF	PROVIDER OR SUPPLIER		STREET ADD	PRESS, CITY, S	TATE, ZIP CODE		17120
	TONE AT RIVERGATE		Madison,	HLLS DRIVE , TN 37115		•	
(X4) ID PREFIX TAG	REGULATORY OR U	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA		ID PREFIX TAG	PROMDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	CON
(D 916)	Continued From pa			(D 916)	designee inspect	shali	+-
	positive and negative solled and clean are	e air pressures requi as,	red for		downspor		
	This finding was very supervisor and acknowledge	Owiedaed by be			ensure the are	•	
	administrator during 7/14/11.	the exit conference	00		appropria connected		
(D 923)	1200-08-2509 (23)	Building Standards	{	D 923}	periodical 4. Executive		
,	(23) The department that shall be monitored av	requires the following	g alarms ours per		Director, i and/or		8
;	day: (a) Fire alarms; and	·			designee s obtain bid	s to	
;	(b) Generators (if ap	olicabie).			fix and pai any exterio	ini )rs	813
	This Rule is not met a	as evidenced hv:	1		that are deteriorat	ing	0
	nterviews with off-site	s, records review, ar	A Carthan at 1		5. MD and/designee	shall	
Ì	o meet the requireme wenty-four hour basis	nt for alarm monitori	ng on a		replace to	or at	
1	The findings include:				the West of the	Sige	!
i O	Observations and recon 7/14/11 revealed the	e following:			building. 6. MD and/o		
111	At 11:00 AM, upon tes from the alarm sy nunciation was recei	STACO Albiar was saad			designee : repair or replace do	j	
	said be obtailled thom	any supervising stat	ion.		South Eas	1	
<b>⊅</b> U	nese findings were ver spervisor and acknowl iministrator during the	edged by the	ance		7. MD and/o	I	
-   "	14/11.	· AVIT OOMINGELICE OU		1	repair or replace ca	i	

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PAGE 08/13

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STATEMENT OF DEFICIENCIES 'ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB TNPL53766	ER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION 61 - STATE BUILDING		LETED R
NAME OF PROVIDER OR SUPPLIER		TREET ADDRE	SS CITY ST	TE ZID CODE	<u> </u>	14/2011
CARESTONE AT RIVERGATE	] (	94 TWIN HIL MADISON, TI	LS DRIVE	Altra ett. AABE		
PREFIX . IDACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FU C IDENTIFYING INFORMATIO	LL I	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT OROSS-REFERENCED TO T DEFICIENCE	HE APPROPRIATE	COMPL COMPL DAT
(D 923), Continued From pag	e 4	0	923)	preventir	ne in	-
C/O #27725			720,	room 229	-	1
0/0 #2/720				preventir		1
(D1001), 1200-08-25-,10 (1) L	ifa Cafahi			trip haza		
, man an 10 (1) D	ile calety	{ {D	1001}	8. MD and/		1
(1) The department	will consider any ACLI	Fthat		designee		İ
Compies with the lea	liired annlicable buildi	ina andi		repair or	SHALL	
me selety (edilatious	at the time the Board	ł (	l	replace c	arnet	ļ
adopts new codes or compliance is mainta	literi feither with acmit	S SUCh ?	}	preventin		1
MAINELS OF SDECING PA	Ovisione) to he in	1		room 244	_	
Compliance with the n	equirements of the ne	w	}	preventin		
codes or regulations.				trip hazan	•	,
:		į		9. MD and/		0
<u>;</u>			ĺ			18/5
This ELEMENT is no	met as evidenced hy	.	j	designee	SUSII	1
paseu on observation	il benimpteh 26W 1i-2	he i		insulate	د	
facility falled to comply applicable building and	r with the securized	Ţ		unprotect		1.1
use at the time of adol	ofion.	in ]		trap in pu		[12][3]
:		- 1		restroom		l ol. A
The findings include:				room 255	١.	,
Observations made 4	ninan a kasa - Est			C/O #2 <b>772</b> 5		1
Observations made du 7/14/11 revealed the fo	may a tour of the facili	ity on [		1000 00 60	00	
:	2			1200-08-25		
1. At 11:05 AM, the str	irway (vertical exit) d	оог		(16) Building	5	
. did not self close and p . bottom of stairwell #1.	ositively latch at the		<b>i</b> }	Standards		
		Ì	7	MD 41-		
2. At 11:07 PM, at room	n 258 the door has a	%" <sup> </sup>	. }	MD and/or	l bina	
, gap at the top and is no	t smoke resistant.	-		designee shal		
1		j		a contractor t	υ	
3 At 11:10 AM the sta did not self close and p	rway (vertical exit) do	or i	!	construct a		
stairwell #1,	asinatrià rarcu st tue to	P OT		division to		
		}		provide a pos		
4 At 11:59 AM, the kitch	hen hood suppressio	n ¦	İ	and negative	air !	
nozzies did not provide appliances served.	coverage for all	-	İ	pressure as		
appliences served.		j	Į	<ul> <li>required for s</li> </ul>	otted (	

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PAGE 09/13 PRINTED: 07/20/2011 FORM APPROVED

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	nt of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM TNPL53766	/CLIA BER:	(X2) MULTIPU A. BUILDING 8. WING	e construction o1 - State Building	COMPLE	TED
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 077	#/ZU 1 1
	TONE AT RIVERGATE	,		LLS ORIVE			
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMATI	ULL ION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPR DEFICIENCY)	TION ULD BE COPRIATE	OS) COMPLETE DATE
{D1001}	Continued From pa	ge 5		(D1001)	and clean areas in the laundry room.	<del></del>	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	These findings were supervisor and acknowledge administrator during 7/14/11.  C/O #27725  1200-08-2810 (2)(a)  (2) An ACLF shall a residents by doing a (a) Eliminate fire harman and this Rule is not mel Based on observation.	a verified by the maintended by the the exit conference of the exit	enance n	D1602}	1200-08-2509 (23) Building Standards  MD and/or designee shall contact the alarm company to program the dialer to send a trouble signal for breaks in the communication line.  1200-08-2510 (1) Life Safety		8/13/11
( T S 8 7	The findings include:  Observations made of 114/11 revealed oxymiside sleeping room:  At 1:25 PM, room:  foxygen in storage.  These findings were upervisor and acknowledge.	luring a tour of the fac gen not in use being s s in the following locat 232 had 13 "E" cylin	tored ions: iders		<ol> <li>MD and/or designee shall repair or replace the door closure to ensure door functions appropriately.</li> <li>MD and/or designee shall repair or adjust door to close the gap</li> </ol>	1.	<del>8/3/11</del> - 8/13/11

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PAGE 10/13

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES
'ND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING 01 - STATE BUILDING B. WING TNPL53766 07/14/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 Summary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LSC Identifying Information) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX TAG -PREFIX TAG DEFICIENCY) creating a (D1028) Continued From page 6 (D1028) smoke (D1028), 1200-08-25-.10 (5)(g) Life Safety (D1028) resistant barrier. (5) An ACLF shall take the following precautions regarding electrical equipment to ensure the 3. MD and/or safety of residents: designee shall repair or (g) Prohibit use of extension cords. replace the door to ensure it is operating This Rule is not met as evidenced by: effectively. Based on observations, it was determined the 4. MD and/or facility falled to ensure fire protection for residents by prohibiting the use of extension cords. designee shall have the The findings include: kitchen hood suppression Observations made during a tour of the facility on 7/14/11 revealed extension cords in use in the nozzle i following locations: realigned again to 2. At 12:05 PM, in room 229 ensure all i These findings were verified by the maintenance appliances all supervisor and acknowledged by the properly administrator during the exit conference on covered. 7/14/11. 5. MD and/or designee shall (D1032) 1200-08-25-.10 (6)(d) Life Safety (D1032) replace door (6) If an ACLF allows residents to smoke, it shall closure on the ensure the following: kitchen door. C/O 27725 (d) Written policies and procedures for smoking within the ACLF shall designate a room or rooms to be used exclusively for residents who smoke. 1200-08-25-.10 The designated smoking room or rooms shall not (2)(a) Life Safety be the dining room, the activity room, or an individual resident sleeping unit, and; MD and/or

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PAGE 11/13 PRINTED: 07/20/2011 FORM APPROVED

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Division of Health Care Facilities (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DÉFICIENCIES ID PLAN OF CORRECTION PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01 - STATE BUILDING A. BUILDING B. WING 07/14/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PAG PREFIX TAG designee shall {D1032} Continued From page 7 (D1032) ensure "E" cylinders of This Rule is not met as evidenced by: Based on records review, it was determined the oxygen are facility falled to ensure fire protection for residents properly stored by providing written smoking policies and from room 232 in procedures. an appropriate The finding include: location. Records review on 7/14/11 at 12:10 PM, revealed 1200-08-25-.10 that the written smoking policy and procedures (5)(g) Life Safety was not provided. This finding was verified by the maintenance MD and/or supervisor and acknowledged by the designee shall administrator during the exit conference on periodically check 7/14/11. room 229 and other rooms to C/O #27725 ensure compliance with prohibiting (D1035), 1200-08-26-.10 (8)(a) Life Safety (D1035) the use of extension cords. (8) An ACLF shall ensure that: (a) The ACLF maintains all safety equipment in . 1200-08-25-.10 good repair and in a safe operating condition; (6)(d) Life Safety This Rule is not met as evidenced by: Executive Based on observations and records review, it was Director and/or determined the facility failed to maintain all safety designee shall equipment in good repair and in safe operating ensure there is a ¿ condition. written smoking The findings include: policy and procedure is Observations made during a tour of the facility on provided. 7/14/11 revealed the following:

Division of Health Care Facilities

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If continuation sheet 8 of 10

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PAGE 12/13

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Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES '4D PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; COMPLETED 01 - STATE BUILDING A BUILDING B. WING. 07/14/2011 TNPL53768 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE CARESTONE AT RIVERGATE Madison, TN 37115 PROVIDER'S PLAN OF CORRECTION HEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) id Prefix Tag PREFIX C/O #27725 (D1035) (D1035). Continued From page 8 1200-08-25-.10 At 12:25 AM, the fire department connection (8)(a) Life Safety did not have the proper signage. 1. MD and/or Residential type sprinklers were installed within the same compartments as standard type Designee shall sprinklers in the following locations: ensure proper signage is a. At 12:30 PM, in the study installed b. At 12:35 PM, in the lounge indicating the fire 3. At 12:40 PM, the exit light over the South department West double door adjacent to the fireplace was connection. not Illuminated. 8/13/4 2. MD and/or 4. The battery back-up for the exit lights were designee shall not operable in the following locations: contract with a sprinkler a. At 12:43 PM, in the lobby company to b. At 12:58 PM, at the North West smoke door replace the on the 2nd floor residential type sprinklers These findings were verified by the maintenance in the study supervisor and acknowledged by the administrator during the exit conference on and the : 7/14/11. lounge. MD and/or C/O #27725 designee shall ensure light (D1039): 1200-08-25-.10 (9) Life Safety (D1039) adjacent to the (9) An ACLF shall post emergency telephone fireplace over numbers near a telephone accessible to the the South residents. West double door is This Rule is not met as evidenced by: illuminated · Based on observations, it was determined the and perform ! facility failed to post the emergency telephone

Division of Health Care Facilities

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HEALTH CARE FACILITY

PAGE 13/13

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STATEME! ID PLAN	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER TRPL53766	/CLIA BER:	(X2) MULTIPLE A. BUILDING B. WING	S CONSTRUCTION 01 - STATE BUILDING	(X2) DATE SU COMPLE F	TED
	PROVIDER OR SUPPLIER FONE AT RIVERGATI		STREET ADDR 94 TWIN HI MADISON,		NTE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	Provider's Plan of Corr (Each Corrective action SI Cross-Referenced to the AF Deficiency)	ection Hould be Propriate	(XLS) COMPLI DATE
	The finding include Observations of the revealed that the far emergency telephothe telephones.  This finding was vesupervisor and ack	accessible telephone.  e facility on 7/14/11 at a country failed to provide one numbers for residentified by the maintenant	1:00 PM, nts at	D1039}	periodic checks.  4. MD and/or designee shatensure the battery backt are operable on the exit signs in the lobby, NW smoke door of the second floor and throughout the facility.  C/O # 27725  1200-08-25-10  (9) Life Safety  Executive  Director and/or designee shall ensure emerger telephone numbers are posted for the residents.	ap on	8/3/

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Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION 01 - STATE BUILDING A. BUILDING B. WING 05/10/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE CARESTONE AT RIVERGATE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX PREFIX DAYE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) D 001 D 001 1200-08-25 Initiat Life Safety The following constitutes Carestone at Rivergate's (the This Rule is not met as evidenced by: facility) response to the An annual survey and complaint # 27725 were completed at Carestone at Rivergate on May 10, Statement of Licensing Violations 2011. Defiencies were cited. See below. (the "Statements of Violations") issued by the Tennessee D 901 D 901; 1200-08-25-.09 (1) Building Standards Department of Health, Division of Health Care Facilities, on May (1) An ACLF shall construct, arrange, and 10and18, 2011, and its Plan of maintain the condition of the physical plant and Correction. the overall ACLF living facility environment in such a manner that the safety and well-being of residents are assured. The facility does not admit to the truth or accuracy of the statements or allegations This Rule is not met as evidenced by: contained in the Statement of Based on observations, it was determined the Violations and nothing contained facility failed to maintain the condition of the physical plant and overall environment. in either the Statement of Violations or the Plan of The findings include: Correction should be construed as an admission by the Facility as Observations made during a tour of the facility on to the validity or accuracy of the 5/10/11 revealed the following: allegations set forth in the Statement of Violations. 1. At 7:39 AM, a gutter was hanging loosely from the roof above the fire department Preparation, submission, and connection and not performing the intended implementation of this plan of function of directing water away from the correction are done solely to foundation of the building. meet the mandates of the Tennessee Department of Health 2. At 7:42 AM, a section of soffit was missing and the area around it was deteriorated at the Licensing Laws. The Facility eave over hanging the kitchen area at the rear of reserves the right to move to the facility. strike to exclude this document as evidence in any civil or 3. At 7:43 AM, there was a hose laying in a criminal action. puddle of water, attached to the building without a Division of Health Care Facilities (XG) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI TNPL53766	RICLIA MBER:	(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 01 - STATE BUILDING	(X3) DATE S	SURVEY ETEO 10/2011
IAME OF PR	OVIDER OR SUPPLIER	1141-231-00	STREET AND	. I Ress. City, Sta	TE 7/9 CODE	USI	10/2011
	NE AT RIVERGATE		94 TWIN H	IILLS DRIVE TN 37115	ia, ar code		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL 1	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET CATE
the sum of the sum of	ack siphoning of divater system.  At 7:45 AM, the ownspout missing he building.  At 7:48 AM, it wim of the facility is aint and caulk to phe wood surfaces.  At 7:58 AM, then our and window thin indows on both side the courtyard.  At 8:01 AM, then partially missing frourtyard and laying At 8:01 AM, the pridor at the West addy rotted at the both at 8:03 AM, then window and laying the county and laying at 8:03 AM, then window and laying the county are the side of the ground the ground the ground the ground at 8:44 AM, then the county are the killed the county are the killed the county are the side of the ground	other such device to lirty water into the pot irry water into the pot irre was a section of from the North East was observed that the deteriorated and in nevent further deterior re was badly rotted at m surrounding the dottes of the fireplace locates of the fireplace locates of the grounds. It was about the grounds. It was a south the grounds are deading to an interior the windows with a side of the courty and the pour type of the courty and the process to the grounds.	exterior eed of ration of loose ors and cated s missing hin the terior was ling from rtyard, n, ic	D 901	However, the Facility committed to the delin quality health care ser compliance with all re and submit this Plan o Correction as required 1200-08-2509 (1) Building Standards D : Administrator, mainted director and/or design ensure the following a addressed appropriate 1. Facility will his contractor to system.  2. Facility will fix soffit around to ensure the hos returned to the rack on the way prevent dirty the entering the powater system.  4. Facility will his contractor to facility will obto have facility and exterior we replaced and contractor to way the system.	very of vices in gulations f by law. 901 enance nee will es ely: re a fix gutter missing the facility. esignee will se is e storage all to water otable re ix gutter tain bids re painted rood	2011

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 01 - STATE BUILDING	(X3) DATE S COMPL	ETED
		TNPL53766		B. WING	<u></u>	05/1	0/2011
IAME OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAREST	ONE AT RIVERGATE			IILLS DRIVE TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC (DENTIFYING INFORMA	FÜLL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD 8E	(X5) COMPLET DATE
D 901	perial pe	-		D 901	6. Facility will represent the documents		67/1
	the public bathroom	n near the kitchen. ere was improperly te	tminated		to the courtyan		201
	plumbing under the	cabinet in the theate	r room,		<ol> <li>Facility will represent remove broken</li> </ol>		
		ere was an improperly g vent pipe in the Sou			from the facility  8. Facility will rep replace the doc	air or	:
1	15. At 11:53 AM, the from previous wate	ne ceiling was deterio r leaks in the lounge.	rated		to the courtyar appropriate.	d as	
:		ne South East exit cor open to the outside.	ridor		<ol> <li>Maintenance D and/or designe ensure all wind</li> </ol>	e will	
***	was malfunctioning	ne door hardware to re from inside the room setton, leaving the oc	and only		the appropriate securely fasten window frame. 10. Facility will hire	e screens ed to the a a	
\$ \$ \$	18. At 1:18 PM, the a trip hazard in roor	ecarpet was pulling u m 229 at the door ent	p causing ry.		contractor to fi system. 11. Facility will rep	_	
144. 211.	19. At 1:40 PM, the a trip hazard in roor	carpet was pulling up n 244 at the door ent	p causing ry.		separating floo public restroon	ring in the	
		re was an unprotecte c restroom near room			dining room. 12. Maintenance d and/or designe		
	21. At 2:50 PM, the inoperable.	front door canopy lig	hts were		repair toilet to leaking in the p restroom by th	prevent ublic	: :
	22. At 2:05 PM, the penetration around	kitchen storage close the sprinkler.	et had a		room.  13. Maintenance d	_	
:	supervisor and ackr	e verified by the main nowledged by the the exit conference	(		and/or designe properly seal p the theater roo	lumbing in	-
	5/10/11.	. The arm additionalise .			14. Maintenance d and/or designe		!

Division of Health Care Facilities

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<u>Division</u>	of Health Care Fac	ilities					APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION 01 - STATE BUILDING	(X3) DATE SI COMPLE	TED
	- ····	TNPL53766				05/10	/2011
NAME OF P	ROVIDER OR SUPPLIER			ORESS, CITY, STA	ATE, ZIP CODE		
CAREST	ONE AT RIVERGATE			IILLS DRIVE TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL }	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JĽD BE 3	(X5) COMPLETS DATE
D 901	Continued From pa	age 3		D 901	properly support v		02/1
	C/O #27725	•			pipe in the attic in Southeast corner.	เนธ	יווט
				Ì	15. Facility will repair	ceiling	07/1 2011
D 916	1200-08-2509 (16	<ol><li>Building Standards</li></ol>	· ]	D 916	in employee loung	e.	2011
	(16)The liceased o	ontractor shall ensure	a through		16. Facility will repair		
į		plans and specification			replace door to clo	se gap	
ļ	each ACLF:				to the outside.		
•	(a) A negative air :	pressure shall be mai	intained in		17. Maintenance direc and/or designee w		
ļ		ea, toilet room, janitor			and/or designee w repair door hardw		
Ì	dishwashing and of	ther such soiled spac	es, and a i	•	repail door nature	aic ni	l
j		e shall be maintained			18. Maintenance direc	tor	
	linen rooms and ck	ng, but not limited to,	Ciean i		and/or designee w		
:	illiest toottia atta on	san daily rooms,			repair carpet to pr		
		eighty (80) square fee			trip hazard in entr		
		ist be provided each			apartment 229.		
		have more than two () curtains must be pro			19. Maintenance direc		
	used when request		1.000		and/or designee w		
1		•		ļ	repair carpet to pr		
		d dining areas capab			trip hazard in entr	y of	
		residents shall be pr fifteen (15) square fe			apartment 244.	_	
	resident per dining		St. p.G.		20. Maintenance direc		
	, ,		1		and/or designee w		
		atory, bath or shower		1	insulate trap in pu restroom by 255.	DIIC	
		ı six (6) persons. Gra es shall be installed a		İ	21. Facility will hire		
	and showers.	STREET OF HOUSE C			contractor to fix ca	anopv	
į			1		lights.	ur racks A	
1			į	*	22. Maintenance dire	ctor	
	This Rule is not me	of as evidenced hir	į		and/or designee w		
į	Based on observati	ions, it was determine	ed the	ļ	penetration aroun		
		ure proper air pressu			sprinkler in the kit		
	The finding include:	:			storage.		
; ! : '	Observations of the	facility on 5/10/11 at	12:05		a. a hakkir ewi ser enin sammangane i hakkir 1905-yangan kumpuh bada bang mengangan mendi		

Division of Health Care Facilities

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	n of Health Care Fac	<u>ilities</u>					
	17 OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING _		(X3) DATE S	ETED
NAME OF C	BOMOCO OD ENOGUED	TNPL53766	STORET AD	DOESS CITY S	STATE, ZIP CODE	05/1	0/2011
	PROVIDER OR SUPPLIER		i	HILLS DRIVE			
CAREST	ONE AT RIVERGATE			I, TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Atement of Deficiencie Y Must be preceded by .9C identifying informa	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLET DATE
D 916	Continued From pa	age 4		D 916			
	PM, the soiled and	clean laundry facilitie	s were				07/1
	within the same co	mpartment and not se	eparated		1200-08-2509 (16)	1	
	by a wall or door ar positive and negati	nd could not maintain ve air pressures requ	the ired for		<b>Building Standards</b>	D 916	201
	soiled and clean ar	eas.			Facility will build a	wall	
	This finding was up	مقمله من سال منظ ادعاله منظاور			between the soiled		
	supervisor and ack	erified by the maintena	ance		laundry rooms to d		
		g the exit conference	on		create a negative ai		ĺ
	5/10/11.	•			the soiled side and		; !
					air flow on the clea	•	ļ
D 923	1200-08-2509 (23	) Building Standards		D 923	*** **** **** ****	., •••	
	(23) The department that shall be monitoday:	nt requires the following red twenty-four (24)	ng alarms hours per		1200-08-2509 (23) Building Standards		
į	uuy.				1. Facility will con	tract with	1
į	(a) Fire alarms; and	d			a monitoring co	mpany to	
[	(b) Generators (if a	applicable).			supervise the fi and maintain co	-	
İ				Î	service.		
;	This Rule is not me	et as evidenced by:		ĺ	2. Facility will cont		
;	Based on observation	ons, records review, a lite personnel the faci	and	i	a monitoring co	-	
		nte personner me raci ment for alarm monito		Į	supervise the fi		
:	twenty-four hour bas	sis,	5,g 5, . d		and maintain co service.	instant	
:				İ	3. Maintenance di	ractor	
	The findings include	<b>?</b> .			and/or designee		
	Observations and re	ecords review at of th	e facility	1	maintain curren		
	on 5/10/11 revealed		- racinty		alarm inspection		
Ī		-	1		maintenance re		ž.
		in removal of commu		i	accessible as re		
		system dialer no loc			anressinie as tel	fores man	
		ceived and no confinorm any supervising s		-			
:	2 <u> </u>	on interview with Inte	ernational				
		ADT it was revealed i					;
	alth Care Facilities					~~ <del>~~~</del>	··

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CUA	(X2) MULTIP	LE CONSTRUCTIO	N	(K3) DATE S	URVEY
and Plan	OF CORRECTION	IDENTIFICATION NU		A. BUILDING B. WING			COMPLE	
		TNPL53766					05/1	0/2011
NAME OF F	PROVIDER OR SUPPLIER			DRESS, CITY, ST	ATE, ZIP CODE			
CAREST	ONE AT RIVERGATE	<b>Ξ</b>		HILLS DRIVE I, TN 37115				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST 8E PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH COR	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETO DATE
D 923	Continued From pa	age 5		D 923	C/O # 277	71E		<u> </u>
	facility was unmoni	itored for fire alarm.			C/O # 277 1200-08-2			07/11
					Life Safet			
		ised on records reviel inspection and maint				, =		2011
ļ	records were missi		CINGIIICC		1. Fa	acility will provid	е	
į		•				opropriate dump		
	These findings wer supervisor and ack	e verified by the mair	ntenance			intainers in desig	gnated	
ļ		g the exit conference	on			noking areas.		
į	5/10/11,	g	•			aintenance Dire		
•	010 407705					rd/or designee w		<u> </u>
į	C/Q #27725		ļ			pair exit door in airwell #1.	•	
D1001:	1200-08-2510 (1)	Life Safety	ļ	D1001		ainven ez. Iaintenance Dire	ctor	
	1200 00 20 . 10 (1)	Life Objety				id/or designee w		:
i		nt will consider any AC		1		ljust door to		:
•		equired applicable buins at the time the Boa			ho	ousekeeping clos	et near	
į		or regulations, so long				om 255 to latch		;
		tained (either with or	without			e penetration or		į
į	waivers of specific	provisions) to be an e requirements of the	new			oor around the d	oor	
*	codes or regulation		INCAA			aintenance direc	rtor	•
İ	-					id/or designee w		:
ì				!		ijust and/or fix d		
į	This ELEMENT is a	not met as evidenced	l hvr	.		om 258.		
		ons, it was determine				aintenance Dire	ctor	į
!	facility failed to com	ply with the required	!		ar	nd/or designee w	vill	
	applicable building a use at the time of a	and safety requireme	nts in		re	pair exit door in		!
1	Coc of the thre of c	аориоп.	i			airwell #1.		
	The findings include	e:	ļ		•••	aintenance dire		1
i	Ohsanistione mode	during a tour of the f	acility on			nd/or designee was pair egress of the		:
	5/10/11 revealed the		county Ou			pair egress or in outheast corrido		i
į		_				id will maintain		:
		ash dump device was				cumentation th	e doors	
	observed at the des front and interior co	ilgnated smoking are: urtvard	29 21 III   		sh	all be periodical	ly .	•

Division of Health Care Facilities

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Division of Health Care Facilities

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ERICLIA IMBER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION 01 - STATE BUILDING	(X3) DATE ( COMP)	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		0/2011
CARES"	TONE AT RIVERGATE			HILLS DRIVE I, TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
The state of the s	Continued From page 2. At 8:12 AM, the same stairwell #1.  3. At 8:57 AM, the croom 255 did not propenetrated.  4. At 12:49 PM, at regap at the top and is 5. At 1:43 PM the same stairwell #1.  6. At 1:47 PM, the School of the push of	staliway (vertical exit ositively latch at the door to housekeeping sitively latch and is a not smoke resistant tainway (vertical exit) ositively latch at the tainway (vertical exit) ositively latch at the tainway (vertical exit) ositively latch at the tainway (vertical exit) ositively latch at the tainway (vertical exit) ositively latch at the tainway (vertical exit) ositively latch at the tainway (vertical exit) latchen food suppressed by a shelf unit.  In the state of the state	bottom of g near as a ½ " tt. door did op of exit door pon sion pull sion that the ate. the issing missing, //24/10.	D1001	checked for safet allows egression.  7. Dining service dit (DSD) and/or des shall ensure the station for the hosuppression system to obstructed.  8. Facility shall hire contractor to adj hood suppression to ensure appropious coverage for all appliances served.  9. Facility shall obtated documentation the boiler inspections inspected current certificate for #31 available for revisis current.  b. Facility shall enhood maintenance inspections are concurrent sprinkler maintenance and inspections report available for revised. Facility shall predocumentation of policies and processors.	rector re	07/1

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06/10/2011 FRI 16:50 FAX

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Division of Health Care Fac	ilities			PORRE	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDING B. WING		(X3) DATE S COMPL	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	1 0011	0/2011
CARESTONE AT RIVERGATE	94 TWIN	HILLS DRIVE N. TN 37115			
PRÉFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
finishes documenta  These findings wen supervisor and ack	ng.  ntents, furnishings and  tion was missing.  e verified by the maintenance	D1001			2011
residents by doing at (a) Eliminate fire hat (a) Eliminate fire hat This Rule is not me Based on observation facility failed to ensure elimination of fire hat The findings include Observations made 5/10/11 revealed oxyginside sleeping room 1. At 11:37 AM, roof oxygen in storage 2. At 1:25 PM, roof of oxygen in storage.	ensure fire protection for at least the following:  azards;  it as evidenced by: ons, it was determined the re fire protection by the zards.  :  during a tour of the facility on yeen not in use being stored as in the following locations: om 110 had 7 " E " cylinders on 232 had 13 " E " cylinders verified by the maintenance	D1002	1200-08-2510 (2)(a) Life Safety D1002  Facility shall ensure resid have adequate oxygen in apartment and will store containers in appropriate and/or remove from the oxygen cylinders from the facility.	their excess area excess	A THE PROPERTY OF THE PROPERTY

Division of Health Care Facilities

STATE FORM

6899 SG4J21

If continuation sheet 8 of 20

06/10/2011 FRI 16:50 FAX

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Divisio	of Health Care Fac	ilities				LOMA	APPROVED
	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TNPI 53766		PRECTION INFINITEGATION NEIGHBER-			COMPLETE	
NAME OF F	PROVIDER OR SUPPLIER	1 1111111111111111111111111111111111111	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CAREST	ONE AT RIVERGATE			HILLS DRIVE , TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D1023	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		each ergency d the for each 11:30 erable in	D1002	1200-08-0210 (5)(b) Life Safety D1023  Maintenance director at designee shall repair the light in room 103.  1200-08-2510 (5)(c) Life Safety D1024  1. Maintenance director at designee properly close the junction box and fan housing. 2. Maintenance director designee secure the reception beside the fireples and/or designee secure the fireples. 3. Maintenance director designee ensure receptace GFCI and shall ensure receptace GFCI and shall ensure receptace designeed and shall ensure rec	ector shall ne open rector will ntacle ace. rector shall	07/11 2011
D1024	idministrator during the exit conference on identification in the identification in the identification in the identification is a second in the identification in the identifica		cautions	D1024	devices used are circuit protected.  4. Maintenance distance distance distance repair receptack. North west dould be maintenance distance	l. rector shall e at the ble door. rector	
	c) Maintain all electrical equipment in good epair and safe operating condition;				reroute cords to damage to the conductors.		

Division of Health Care Facilities

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If continuation sheet 9 of 20

05/10/2011 FRI 16:51 FAX

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Division	of Health Care Faci	lities			44		
	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER:  TNPL53766		A. BUILDIN	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 61 - STATE BUILDING  B. WING			
NAME OF F	ROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY,	STATE, ZIP CODE		
	ONE AT RIVERGATE			IILLS DRIV , TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
	This Rule is not me Based on observating facility failed to ensity maintaining all el repair and safe ope.  The findings include Observations made 5/10/11 revealed the 1. At 7:42 AM, and fan housing we exit.  2. At 7:54 AM, their the left of the fireplatical and fan housing we exit.  3. At 7:59 AM, and type box was missing devices are in use in South West double device was not ground the North West downs not operable.  5. At 9:03 AM, a powithin construction upontains plug and constalled in a manner of the conductors.  6. At 9:05 AM, their clear space required electrical room behind.	et as evidenced by: ons, it was determine the fire protection for lectrical equipment in rating condition.  c: during a tour of the e following: open electrical junction re observed above the re was a loose reception at the base of the in-use electrical receiption and control to the fire place and fault circuit protect exterior receptacle a outle door at the fire ower strip was conceinder the cabinet and ord connected applia r which can lead to co e was storage within at electrical panels	residents in good facility on lon box the kitchen lotacle to wall, leptacle and the cited.  adjacent place lamage lamage	D1024	6. Maintenance dire and/or designee s remove items in t space of the elect panels in the elect room behind the i	hall he clear rical trical	07/11 2011
i			į				<u> </u>

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If continuation sheet 10 of 20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		AN OF CORRECTION IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 91 - STATE BUILDING	(X3) DATE S COMPLI	ETED
AME OF	PROVIDER OR SUPPLIER	TNPL53766	TREET ADDRESS, CITY, S	STATE 210 CODE	05/1	0/2011
	TONE AT RIVERGATE	.   9	94 TWIN HILLS DRIVE MADISON, TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	ILL PREFIX TAG	PROVIDER'S FLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFIGIENCY)	SHOULD BE	(X5) COMPLE DATE
D1024	Continued From pa 7. At 9:20 AM, the junction box at the	ige 10 ere was an open electric South East attic access	D1024	<ol> <li>Maintenance d and/or designe properly close t</li> </ol>	e will the open	201
	the attic. 8. At 9:54 AM, the	ere was a broken and in cable at the function bo	пргорег	electrical juncti the South East the attic. 8. Maintenance di and/or designe	corner of irector	<i>y</i> 01
:	interrupter receptace 132.	e ground fault circuit le was inoperable in rot		and/or designe repair the broke armored cable : properly joint ti armored cable !	en and he	
	pushed in behind the and the overhead lig room 103.	n electrical receptacle we e surface of the face-pl ght was missing a cover ere was a defective gro	ate r in	junction box in Eat attlc. 9. Maintenance di and/or designe repair or replac	the North rector e shall	
444	fault circuit interrupt 117. 12. At 11:53 AM, the	er in the bathroom of ro	o the	room 132. 10. Maintenance di and/or designe	rector e shall	<u>.</u>
	circuit interrupter in a 13. At 12:15 PM, in a	the North East mechan	ical	repair the recep return it to flusi secure with the plate. Also shall	n and face	
1	through the wall.	d appliance was installe room 131 the ground fa		the missing ligh apartment 103. 11. Maintenance di	t cover in	
ļ (	circuit interrupter wa 15. At 1:07 PM, in ro	s inoperable. om 219 a loose and		and/or designed repair or replace room 117.	shali	<b>!</b> :
įt	he television,	eptacle was observed to om 227 the ground fau		12. Maintenance di and/or designed replace the rece	shali 💮	
; c	circuit interrupter was	om 227 the ground lad s malfunctioning at the e North East mechanic	sink.	adjacent to the ground level wil in lounge.	sink at	

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - STATE BUILDING A. BUILDING B. WING 05/10/2011 TNPL53766 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 94 TWIN HILLS DRIVE CARESTONE AT RIVERGATE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE (X4) IO PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG 13. Maintenance director D1024 Continued From page 11 D1024 67/II and/or designee shall room there was storage within the required clear properly install 2011 space at the electrical panels. receptacle to remove cords from penetrating 18. At 1:35 PM, in room 240 the receptacle was through the wall. not ground fault circuit Interrupter protected at the sink. 14. Maintenance director and/or designee shall 19. At 1:37 PM, in room 242 there was a repair or replace GFCI in malfunctioning ground fault circuit interrupter room 131. receptacle over the refrigerator. 15. Maintenance director and/or shall repair or These findings were verified by the maintenance supervisor and acknowledged by the replace receptacle in administrator during the exit conference on apartment 219 behind 5/10/11. the television. 16. Maintenance director D1027 D1027 1200-08-25-10 (5)(f) Life Safety and/or designee shall repair or replace GFCI in (5) An ACLF shall take the following precautions room 227 at the sink. regarding electrical equipment to ensure the safety of residents: 17. Maintenance director and/or designee shall (f) Ensure that power strips are equipped with remove items in the clear circuit breakers; and space of the electrical panels in the electrical room on the North East This Rule is not met as evidenced by: side of the facility. Based on observations it was determined the facility failed to ensure fire protection by ensuring 18. Maintenance director that all power strips are equipped with circuit and/or designee shall breakers. repair or replace GFCI in room 240 at the sink. The findings include: 19. Maintenance director Observation of the facility on 5/10/11 at 12:15 and/or designee shall PM, revealed that in the North East mechanical repair or replace GFCI in room a power strip that was not circuit breaker room 242 over the protected was installed. refrigerator. 2. Observation of the facility on 5/10/11 at 12:41

Division of Health Care Facilities

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If continuation sheet 12 of 20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				A. BUILDING	LE CONSTRUCTION 01 - STATE BUILDING	(X3) DATE S COMPL	SURVEY ETED
		TNPL53766		B. WING		05/1	0/2011
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
CAREST	ONE AT RIVERGATE	!		HILLS DRIVE I, TN 37115			
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D1028	Continued From path PM, revealed that it was not circuit breath was not circuit breath PM, revealed that it was not circuit breath PM, revealed that it was not circuit breath PM, respectively and acknowledged administrator during 5/10/11.  1200-08-25-,10 (5) (5) (5) An ACLF shall regarding electrical safety of residents:  (g) Prohibit use of the PM PM PM PM PM PM PM PM PM PM PM PM PM	n room 249 a power saker protected was inceeded by the main nowledged by the grade the exit conference (g) Life Safety take the following preequipment to ensure extension cords.  It as evidenced by: ons, it was determine are fire protection for see of extension cords.  during a tour of the free tension cords in use from 249	strip that stalled. Itenance on cautions the days accidents	D1027		and/or ower nanical 249 is oreaker nd/or ne	07/1 2011 2011
	supervisor and ackn	verified by the maint	Í				10.00

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53766	(X2) MULT(PL A. BUILDING B. WING	E CONSTRUCTION 01 - STATE BUILDING	(X3) DATE SI COMPLE 05/1	URVEY TTED 0/2011
AREST	ROVIDER OR SUPPLIER	STREET. 84 TWI MADIS	ADDRESS, CITY, STA N HILLS DRIVE ON, TN 37115	REQUINER'S PLAN OF CORE	RECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOOFD BE	COMPLETE DATE
D1032	ensure the followin  (d) Written policies within the ACLF sh to be used exclusive. The designated sm be the dining room individual resident:  This Rule is not measured as a second on records of facility failed to ensibly providing written procedures.  The finding include Records review on that the written small was not provided. This finding was vesupervisor and ack	(d) Life Safety  ws residents to smoke, it shag:  and procedures for smoking all designate a room or roomely for residents who smoke. oking room or rooms shall not the activity room, or an sleeping unit, and;  et as evidenced by: eview, it was determined the ure fire protection for resident smoking policies and  5/10/11 at 2:10 PM, revealed sking policy and procedures rified by the maintenance nowledged by the githe exit conference on	s ts	1200-08-2510 (6)(d) Life Safety D1032  Administrator and/or d shall provide a smoking and procedures as requiprotect residents.  C/O 27725  1200-08-2510 (8)(a) Life Safety D1035  1. Administrator a designee shall identify the FD signage above connection. 2. Maintenance d and/or designee inspection have following sprincleaned, SE, NE overhead at the on the front of facility, apartmoutside of apain the corridor	end/or oroperly C with the irector se shall at se the klers se Canopy the nent 125, rtment 112	107/11 2011
;	(a) The ACLF mai	ntains all safety equipment in a safe operating condition;		3. Maintenance of and/or designor have the spring in the library a	lirector se shali kler heads	•

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Division of Health Care Facilities

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If continuation sheet 15 of 20

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Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - STATE BUILDING A. BUILDING B. WING 05/10/2011 TNPL53766 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 94 TWIN HILLS DRIVE **CARESTONE AT RIVERGATE** MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X6) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID (X4) ID PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D1035 D1035 Continued From page 15 b. At 8:58 AM, at the North West smoke door on the 2nd floor Sprinklers were loose and escutcheons were pulled away from the ceiling in the following locations: a. At 8:41 AM, at the North dining room double doors a sprinkler is pulled away from ceiling b. At 8:47 AM, A sprinkler escutcheon is loose in the North exit corridor c. At 8:49 AM, a sprinkler escutcheon is loose in the corridor at room 249 d. At 9:00 AM, a sprinkler escutcheon is loose above the South West smoke door These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11. C/O #27725 D1039 D1039, 1200-08-25-.10 (9) Life Safety (9) An ACLF shall post emergency telephone 1200-08-25-.10 (9) 11/50 numbers near a telephone accessible to the Life Safety D 1039 residents. 2011 Administrator and/or This Rule is not met as evidenced by: designee shall post Based on observations, it was determined the emergency numbers close to facility failed to post the emergency telephone all common area telephones. numbers near an accessible telephone. The finding include:

Division of Health Care Facilities

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If continuation sheet 16 of 20

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		AN OF CORRECTION   IDENTIFICATION NUMBER:		A. BUILDING	CONSTRUCTION 01 - STATE BUILDING	(X3) DATE SU COMPLE 05/1	
AME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AREST	ONE AT RIVERGATE	Į.		ILLS DRIVE TN 37115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D1039	Continued From pa	age 16		D1039	1200-08-2510 ( Life Safety D104		יו/ומ אטר
	revealed that the fatering the telephones.  This finding was very supervisor and ack	e facility on 5/10/11 a acility failed to provide one numbers for reside erified by the mainten mowledged by the g the exit conference	e dents at nance		Maintenanc and/or designers	e director gnee shall r on NW ng area is the re Director gnee shall	7011
D1045	environment in a sa by doing at least th (f) Maintain the bi plumbing and elect	maintain Its physical afe, clean and sanita	ry manner g. cooling,	D1045	monoxide n documentir or potential 3. Maintenand and/or desi properly se work at uni attic in the	nonitors Ig any alarms I hazards. Se director Ignee shall I the duct It #2 in the SW corner.	
	Based on observat	et as evidenced by: ions, it was determir intain the buildings h and electrical system condition.	eating,		sea! the dis duct work a the attic.	ignee will nect and/or connected at unit #8 in	
	The findings include:  1. Observation of the facility on 5/10/11 at 8:49 AM, revealed that the return air register contains an incorrect sized filter and is dirty in the North West corner sitting area.  2. Observation of the facility on 5/10/11 at 9:43 AM, revealed that a carbon monoxide monitor		r contains le North 11 at 9:43		apartment cleaned. 6. Maintenan and/or des	ignee shall exhaust fan in 145 is ce director ignee shall exhaust fan in	and

Division of Health Care Facilities

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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:  TNPL53766			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - STATE BUILDING B. WING		(X3) OATE SURVEY COMPLETED 05/10/2011	
	ROVIDER OR SUPPLIER ONE AT RIVERGATE		94 TWIN H	DRESS, CITY, STA HLLS DRIVE , TN 37115	TE, ZIP GODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D1045	AM, revealed that the unsealed ductwork corner of the attic.  4. Observation of AM, revealed that the	the facility on 5/10/11 here was improper an at unit #2 in the Sout the facility on 5/10/11 he main supply duct v	nd h West	D1045	1200-08-25-,16 (1)(a)		107/0
**************************************	<ol> <li>Observation of the facility on 5/10/11 at 10:00 AM, revealed that the main supply duct was disconnected at unit #8 in the attic.</li> <li>Observation of the facility on 5/10/11 at 12:37 PM, revealed that in room 145 there was a dirty bathroom exhaust.</li> <li>Observation of the facility on 5/10/11 at 1:25 PM, revealed that in room 232 there was a dirty bathroom exhaust.</li> <li>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/10/11.</li> <li>1200-08-2516 (1)(a) Disaster Preparedness</li> <li>An ACLF shall have in effect and available for all supervisory personnel and staff written copies of the following disaster, refuge and/or evacuation plans readily available at all times:</li> <li>Fire Safety Procedures Plan shall include:</li> <li>Mirror fires;</li> <li>Major fires;</li> <li>Fighting the fire;</li> </ol>		D1601	1. Administrator designee shall documented to responding to emergency cal system. Staff's receive docum training on proclearing a room alerting the facture event of a fire.  2. Administrator designee shall staff is trained documented of drills. The fire records shall is specific current identifying the employees pain the drill. The disaster shall accessible for	and/or provide raining for the I light hall also pented operly n and cility in the and/or ensure I and on disaster drill oe more ntly e priicipating the fire and be	7011	

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AND PLAN	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TNP1.53766			(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION  IG 01 - STATE BUILDING	(X3) DATE \$ COMPLI	
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
CAREST	ONE AT RIVERGATE		94 TWIN H MADISON,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	-ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D1601	Continued From pa	ge 18		D1601		/	
The management of the state of	interviews It was de provide and follow virtue and follow virtue. The findings include 1. Observations di on 5/10/11 beginnin 11:04 AM, revealed were made at conduattempt revealed the devices (beepers) fourned off and no cathe staff. The secon member #1 failing to code red, and failing the third attempt refailing to clear the reand falling to activate interview both staff in not received training 2. Records review or revealed the following a. The required disaconducted.	ons, records review, a termined the facility for written fire and disasted or the facility for at 10:49 AM, and each of the following; three a sucting a fire drill. The fact 4 out of 4 signal resort the call light system of attempt resulted in the staff me following to activate the pull second, failing to call come the pull station. Upmembers indicated the pull station. Upmembers indicated the pull station.	facility facility nding at ttempts first ceiving n were elved by staff ng to call tation, mber de red, non eey had				A TANAN AND AND AND AND AND AND AND AND AND
•	were not available.  c. The fire drill evaluation records did not contain a detail of personnel participating in the training.  These findings were verified by the maintenance supervisor and acknowledged by the						
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PAGE 29/30 \* RCVD AT 8/14/2012 2:11:09 PM [Central Daylight Time] \* SVR:NAS-LCLFAX2/2 \* DNIS:8093 \* CSID:96158715728 \* DURATION (mm-ss):12-52

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	-01 #0C0 05 01 150 IED	IMPESSION	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	NAME OF PROVIDER OR SUPPLIER STREET  CARESTONE AT RIVERGATE MADIS						
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D1601	Continued From pa	age 19		D1601			07/11
	administrator durin 5/10/11.	g the exit conference	อดก				2011
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